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FILED 018 SEP 17 PM 2: 02 SECRETARY OF STATE

C. GOLDEN
SEP 2 0 2018

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Stores for home interpress corp.
DOCUMENT NUMBER:PAG 0000 76696
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Raberta Atlademo Tovar Name of Contact Person
All Quality Marble and granite of Orlando
4190 N Drange Blossom Trl
Orlando FL 32804
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Roberta Attademo Tovar at 127, 512, 9758
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section  Street Address Amendment Section

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

## FILED

#### Articles of Amendment to Articles of Incorporation

2018 SEP 17 PM 2: 03

Stoney In home	100 Too Market	Covp	TÄLLAHASSEE, F
(Name of C	orporation as currently		rida Dept. of State)
P16 000076			,
ΨΛΙΨ ΟΥΟΟ ΤΟΙ	(Document Number of C	Lorporation (if kno	wn)
		•	
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this <i>Fl</i>	orida Profit Corpo	oration adopts the following amendment(s)
A. If amending name, enter the new name	of the corporation:		
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc." or "Ce	o". A professiona	
B. Enter new principal office address, if a (Principal office address MUST BE A STRE		<del></del>	
C. Enter new mailing address, if applicab (Mailing address <u>MAY BE A POST OF</u> )			
D. If amending the registered agent and/on new registered agent and/or the new re		<u>is in Florida, ente</u>	r the name of the
Name of New Registered Agent		<del></del>	
_	(Florida stree	t address)	
New Registered Office Address:			, Florida
	(C	City)	(Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registered		th and accept the c	obligations of the position.
	Signature of New Reg	gistered Agent, if c	hanging

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones. V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John E	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u> J	dones .	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u> </u>	Smart Service Consultoria	AV. Nova Senhora
Add		i Representação	der Navigantes 955
X Remove			VITÓUA, ES 24050-335 - BR
2) Change	Member	loonie A Mann	915 Canovia AVL
XAdd			Orlandor FL 32804
Remove			
3) Change		<del></del>	·
Add			<u> </u>
Remove			
4) Change		<del></del>	
Add			
Remove			
5) Change			
Add			<del></del>
Remove			
6) Change			
_			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<del> </del>	
<del> </del>	
<u> </u>	
f an amendment provides for an exch provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_09/14/2018	
Signature Roberta al Daduy Lovar	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Rderta Attademo Tovar	<del></del>
(Typed or printed name of person signing)	
$\mathbb{P}$	
(Title of person signing)	